



AMERICORPS PROGRAM REVIEW INSTRUMENT

Module A: Reporting and Communications Compliance

Program Information	
Program Name:	Grant Cycle Year: Grant Type:
Date of Monitoring Visit:	Program Year:
Name(s) of Program Staff Interviewed:	
Program Officer:	

Member Slots			
<i>Complete this section using the current Member Roster in eGRANTS.</i>			
How many slots were granted to this program?		Filled Slots	Open Slots
Full Time			
Half Time			
Reduced Half Time			
Quarter Time			
Minimum Time			
TOTAL MEMBERS:			
AVERAGE ENROLLMENT RATE:			
How many earned an Ed Award?			
How many did not earn an Ed Award?			
How many are currently earning an Ed Award?			

Member Enrollment		
<i>Complete this section using the Enrollment Approval Cycle Time report in eGRANTS.</i>		
	Yes	No
Were all Members enrolled in the Portal within 30 days? What was the: Lowest days until approved: _____ Highest days until approved: _____		
Were any <u>Full Time Members</u> enrolled after October 31 st ? If so, was prior approval requested and approved?		
Does the Program have member commitment waiting to be entered into the Portal? If Yes, how many? _____		
Were all Members assigned a site in the Portal within 30 days?		

Member Change of Status		
<i>Complete this section during on-site monitoring.</i>		
	Yes	No
Did the Program have any change of status for Members? If so, was prior approval requested and approved? Member Name: _____ Member Name: _____		
Was the change of status form entered within 30 days?		

Member Early Exits		
<i>Complete this section using the Member Roster report in eGRANTS.</i>		
	Yes	No
Did any Members earn a partial award/exit for compelling circumstances? If yes, what are the Member's names? Member Name: _____ Member Name: _____ If yes, were appropriate reasons listed on the Early Exit Form and documented in the Member File?		

End of Term			
<i>Complete this section using the Exit Approval Cycle Time report in eGRANTS.</i>			
	Yes	No	N/A
Were End of Term Forms approved within 30 days of exiting the Member?			
How many End of Term Forms were checked?			
Number approved within 30 days of completion date?			
Number not approved within 30 days of completion date?			

AmeriCorps Reporting Dates

Complete this section by reviewing reporting dates in EGrAMS.

	Due Date	Date Submitted	Late	Missing
Periodic Expense Report	8/19/2016			
	9/20/2016			
	10/20/2016			
	11/18/2016			
	12/20/2016			
	1/20/2017			
	2/20/2017			
	3/20/2017			
	4/20/2017			
	5/19/2017			
	6/20/2017			
	7/20/2017			
	8/18/2017			
	9/20/2017			
	10/20/2017			
	11/20/2017			
	12/20/2017			
	1/19/2018			
Progress Report	4/3/2017			
	10/2/2017			
			Yes	No
Are PERs submitted by the due date?				
Are PERs accurate?				
Do PERs show the program is meeting match requirements?				
Are Progress Reports submitted by the due date?				
Do Progress Reports provide all required information?				

Other Program Requirements			
Did the Program participate in the following :			
	Yes	No	N/A
Monthly Program Calls <i>(Mandatory)</i>			
Recognition Day <i>(Mandatory)</i>			
9/11 Service Project <i>(Mandatory)</i>			
MLK Day Service Project <i>(Mandatory)</i>			
AmeriCorps Week Service Project <i>(Mandatory)</i>			
Program Director Training – Fall <i>(Mandatory)</i>			
Regional Conference Cluster Training <i>(Optional)</i>			

Comments:

MODULE B: Financial Compliance (Section I)

Make certain the Program has documentation for the items listed.

Program:

Date:

		Yes	No	N/A	Comments
1	<i>Does the Program obtain written approval from SIC prior to significant budgetary changes that are over 10% of their budget?</i>				
2	<i>Does the Program have liability insurance that properly covers Members? (proof of insurance)</i>				
3	<i>Does the Program have Workers' Compensation coverage for all Members? (Receipt of Workers comp)</i>				
4	<i>Does the Program have FMLA coverage for FT Members where appropriate? (proof of insurance)</i>				
5	<i>Does the Program ensure notification of healthcare insurance providers when a Member's status changes? (Yes or No? Proof?)</i>				
6	<i>Does the Program have a healthcare policy that meet the ACA standards or ACA coverage for full time Members not otherwise covered? (Proof of ACA Insurance or Reimbursement to Member for Marketplace Insurance)</i>				
7	<i>Does the Program offer child care to eligible Members? (Proof of child care enrollment)</i>				
8	<i>Does the Program have signed staff time and attendance records indicating time spent on various activities, e.g. AmeriCorps grants, other projects, etc.? (Staff Timesheets)</i>				
9	<i>Does the Program withhold personal income tax from the Member living allowance? (Pay stub)</i>				
10	<i>Does the Program withhold FICA from the Member living allowance? (Pay stub)</i>				
11	<i>Does the Program ensure Member living allowances are not treated as a wage and are paid in regular increments? (Same Payment amounts. Different coding for staff versus members)</i>				
12	<i>Does the Program have approval for any subcontracts and maintain appropriate documentation of subgrant agreements?</i>				

Section I Notes:

Program Officer: _____ **Date:** _____

MODULE B: Financial Compliance (Section II)

Make certain the Program has documentation for the items listed.

Program:

Date:

		Yes	No	N/A	Comments
1	<i>Does the Program have written cost allocation procedures?</i>				
2	<i>Does the Program maintain separate accounts for separate awards which are identified by:</i> 1. Pass through agency; 2. Federal Awarding Agency; 3. Individual program, (CFDA #); 4. Award identification number; and 5. Year				
3	<i>Does the Program's accounting records contain:</i> 1. Source documentation on all federal expenditures (including match) on authorizations; 2. Obligations; 3. Unobligated balances; 4. Assets; 5. Expenditures; 6. Income and interest; and 7. An assurance that this information is correct.				
4	<i>Does the Program accurately track and monitor expenditures by budget line item?</i>				
5	<i>Does the Program have accounting records consistent with information on PERs?</i>				
6	<i>Does the Program have receipts/vouchers consistent with ledger, histories, and expenditure reports?</i>				
7	<i>Does the Program sign and indicate payment on invoices and vouchers?</i>				
8	<i>Does the Program have receipts, vouchers, source documents for each purchase or expenditure?</i>				
9	<i>Does the Program accurately distinguish receipts and disbursements attributable to the grant from those non-attributed?</i>				
10	<i>Does the Program keep administrative cost charged to the grant within the 5.26% cap?</i>				
11	<i>Does the Program obtain SIC prior approval for equipment purchases when required?</i>				
12	<i>Does the Program meet matching requirements?</i>				
13	<i>Does the Program accurately document and track cash matching contributions?</i>				

		Yes	No	N/A	Comments
14	<i>Does the Program accurately document and track in-kind matching contributions?</i>				
15	<i>Does the Program have vouchers for in-kind contributions?</i>				
16	<i>Is the Program required to complete a single audit in this program year? If so, has it been completed?</i>				
17	<i>If the single audit included findings, have those findings been resolved?</i>				
18	<i>GATA: If Program's grant agreement contains a management decision, have the corrective actions been completed?</i>				

Notes:

Program Officer: _____ **Date:** _____

MODULE C: Policy and Procedures Compliance

Make certain the Program has documentation for the items listed.

Program:

Date:

		Yes	No	N/A	Comments
1	Policy & Procedures Manual <i>Does the Program have a Policy & Procedures Manual that is specific to AmeriCorps Members?</i>				
	<i>Is the Policy & Procedures Manual kept where everyone can see it and have access to it?</i>				
2	Displacement of Employees <i>Does the Program have a policy that ensures it does not supplant/duplicate services or displace employees? (Union Concurrence)</i>				
3	Recruitment Plan <i>Does the Program have a local recruitment plan that encourages diversity?</i>				
	<i>Does the Program have a policy that ensures AmeriCorps Members are selected in a fair and non-discriminatory manner?</i>				
4	Orientation <i>Does the Program utilize the mandatory Member Service Agreement for all Members?</i>				
	<i>Does the Program ensure that orientation is designed around the Member Service Agreement and other Programmatic requirements?</i>				
	<i>Does the Program review all Policy & Procedures during Member Orientation?</i>				
5	Ongoing Training <i>Does the Program provide on-going training that ensures Members are adequately skilled to perform their service? (Life after AmeriCorps, Civic Engagement/Reflection), Disability Inclusion)</i>				
	<i>Does the Program ensure that support is provided Members who are completing terms of service and transitioning to other educational career opportunities? (Life after AmeriCorps, etc.)</i>				
	<i>Does the Program ensure that no more than 20% of total corps time is spent on training?</i>				

		Yes	No	N/A	Comments
6	Fundraising <i>Does the program ensure that no more than 10% of a Members time is used for fundraising?</i>				
7	Disability Inclusion <i>Does the Program have a policy in place to provide reasonable accommodations for disabled Members?</i>				
8	Prohibited Activities <i>Does the Program have a policy which ensures that Members do not engage in Prohibited Activities?</i>				
9	Host Site Agreement <i>Does the Program ensure that each site is aware of the requirements outlined in the Host Site Agreement?</i>				
	<i>Does the Program ensure that Members are primarily engaged in activities as described in the host site agreement?</i>				
10	Host Site Supervision <i>Does the Program have a policy which ensures that supervisors are appropriately trained and knowledgeable about AmeriCorps?</i>				
	<i>Are supervisors trained regarding the Prohibited Activities?</i>				
	<i>Are Members provided with appropriate supervision by qualified supervisor in accordance with approved application?</i>				
11	Tutoring <i>Does the Program meet the qualifications for Members serving as tutors under CFR2522.910 through 2522.940?</i>				
12	AmeriCorps Logo/Branding <i>Does the Program ensure that Members are wearing the AmeriCorps logo at all times while serving?</i>				
	<i>Does the Program ensure that they incorporate AmeriCorps signage in their office(s)?</i>				
	<i>Does the Program ensure that AmeriCorps signage is visible at all host sites?</i>				
13	Safety <i>Does the Program institute appropriate safety precautions for Members?</i>				
	<i>Does the Program report serious injuries to their Program Officer?</i>				

		Yes	No	N/A	Comments
14	Drug Free Workplace Act <i>Does the Program apply service release and resumption policies appropriately in compliance with the Drug Free Workplace Act?</i>				
15	Voting <i>Does the Program have a policy that encourages, but does not require, Members to vote and allow Members time to vote with no penalty?</i>				
16	Jury Duty <i>Does the Program have a policy that allows Members to serve on a jury with no penalty?</i>				
17	Military Service <i>Does the Program have a policy that allows Members to serve in the Armed Forces with no penalty?</i>				
18	Education <i>Does the Program have a policy that ensures the availability of support services to Members earning a GED during their AmeriCorps service?</i>				
19	Program Objectives (Performance Measures) <i>Does the Program have a procedure that tracks progress and shows that it is on track toward achievement of the Program objectives?</i>				
	<i>Does the Program produce reports that accurately capture Program accomplishments?</i>				
20	Volunteers <i>Does the Program utilize community volunteers?</i>				
	<i>Does the Program have a tracking system that shows the number of volunteers they have utilized?</i>				
21	Commission Approval <i>Does the Program obtain written approval of Program changes from their SIC Program Officer when required?</i>				
22	Member Files <i>Are Member files stored in a secured/locked area?</i>				
23	Grievance Procedures <i>Do you have grievance procedures specific to AmeriCorps Members?</i>				
24	Enhanced Whistleblower Protection <i>Does the Program have the Enhanced Whistleblower Protection included in their Policies and Procedures Manual?</i>				

Notes:

Program Officer: _____ **Date:** _____

MODULE D: Member Documentation Compliance

Member Files

Review ten percent (10%) or ten (10) Member files, whichever is greater.

PROGRAM:

PROGRAM

YEAR: 2014-15

MEMBER NAME: _____

Service Year: _____

	Are the following items in the Member file?	Y	N	NA	Comments
1	Member Application				
2	Member enrollment form signed and dated by Member <i>(may be printed from Portal)</i>				Date:
3	Photo ID indicating age				
	<i>Drivers License; or</i>				State: DOB:
	<i>Passport; or</i>				
	<i>State ID</i>				
4	Documentation of citizenship/naturalization/resident alien status				
	<i>Printout from portal</i>				
5	Parental Consent Form <i>(Members under 18)</i>				
6	Member Service Agreement includes:				
	<i>Dates of term</i>				Begin: End:
	<i>Member position description (Meaningful service activities and performance criteria appropriate to skill level)</i>				
	<i>The minimum number of service hours required</i>				
	<i>Living allowance total and amount of monthly increments</i>				\$ \$
	<i>The amount of the Education Award upon successful completion</i>				\$
	<i>Standards of Conduct</i>				
	<i>Prohibited Activities, including those specified in the regulations (Prohibited Activities Checklist)</i>				
	<i>Requirements under the Drug-Free Workplace Act (41 U.S.C. 701 et seq)</i>				
	<i>Suspension and termination rules</i>				

		Y	N	NA	Comments
	<i>The specific circumstances under which a member may be released for cause</i>				
	<i>Grievance procedures (Grievance Procedure Checklist)</i>				
	<i>Other requirements as established by grantee</i>				
	<i>MSA signed & dated by Member</i>				Date:
	<i>MSA signed & dated by Program Rep</i>				Date:
7	Criminal background check results (Criminal History Checklist)				
	<i>CANTS results (required by State of IL)</i>				Date:
	<i>National Sex Offender search results (prior to enrollment-with all states searched)</i>				Date:
	<i>Illinois State Police background check results</i>				Date:
	<i>Home state background check results (listed as permanent address on Member Application)</i> <i>Home State:</i>				Date:
	<i>FBI Fingerprint check results</i>				Date:
8	Were background checks reviewed if negative results were received? Is there a Decision Tree?				
9	Did Member receive direct supervision while background checks were in process?				
10	Timesheets				
	<i>Member signature and date</i>				
	<i>Supervisor signature and date</i>				
	<i>Service hours separate from training hours</i>				
11	High School Diploma or equivalency				
	<i>Copy of diploma; or</i>				
	<i>Copy of GED; or</i>				
	<i>Copy of Certification of Completion (Persons with Disabilities); or</i>				
	<i>Self-identity on enrollment form; or</i>				
	<i>Statement that Member agrees to earn one prior to using Education Award</i>				
12	Documentation of health care enrollment or waiver <i>(MSA-not required for less than FT Members, EAP, or Professional Corps)</i>				

		Y	N	NA	Comments
13	Documentation of child care enrollment or waiver <i>(MSA-not required for less than FT Members, EAP, or Professional Corps)</i>				
14	Tax Documents				
	<i>W4 (Only if paying member using CNCS funds)</i>				
15	Media Consent Form				
16	Member discipline documentation				
17	Mid-term Evaluation <i>(required for FT or HT Members)</i>				
	<i>Does the evaluation include hours completed to date?</i>				
18	End of Term Evaluation <i>(required for all Members)</i>				
	<i>Does the evaluation include hours completed to date?</i>				
	<i>Has the Member completed the required number of hours?</i>				
	<i>Has the Member satisfactorily completed assignments?</i>				
19	Member End of Term/Exit Form				
	<i>Completed online (screen print from AC Portal)</i>				
	<i>Signed and dated by Member</i>				
	<i>Signed and dated by program staff</i>				
	<i>Completed within 30 days of exit</i>				
20	Documentation of Compelling Personal Circumstances				
	<i>Did the SIC approve this request prior to exiting the member?</i>				
	<i>Are compelling reasons included on the Exit Form?</i>				
	<i>Are the reasons due to no cause of the Member?</i>				
21	Family and medical leave coverage for Members where appropriate?				
22	Member Change of Status Form <i>(if applicable)</i>				
23	Member Early Exit Form <i>(if applicable)</i>				Date:

COMMENTS:

Program Officer: _____

Date: _____

MODULE E: Host Site Visit

Program Name:

Host Site:

Date:

		Yes	No	Comments
1	Are AmeriCorps Members on site? If yes, how many? _____			
2	Are the AmeriCorps Members doing anything that is prohibited?			
3	Are AmeriCorps Members wearing the AmeriCorps logo?			
4	Is the AmeriCorps logo visible at the host site?			

Comments:

Program Name:

Host Site:

Date:

		Yes	No	Comments
1	Are AmeriCorps Members on site? If yes, how many? _____			
2	Are the AmeriCorps Members doing anything that is prohibited?			
3	Are AmeriCorps Members wearing the AmeriCorps logo?			
4	Is the AmeriCorps logo visible at the host site?			

Comments:

Program Officer: _____

Date: _____

MODULE F: Member Interviews

Refer to list of questions for the Members

Program Name:

Date:

		Yes	No	Comments
1	How many AmeriCorps Members are participating in this interview?			No. _____
2	Are the Members familiar with the Prohibited Activities?			
3	Do the Members have frequent contact with the Program Director?			
4	Is the Program Director readily available when the Members have questions/concerns?			
5	How often do they have training sessions with the Program Director?			
6	How often does the Program Director visit the host sites?			
7	Are the Members wearing the AmeriCorps logo?			

Comments:

Program Officer: _____ **Date:** _____

MODULE E: Disallowed Costs

To be completed if findings require repayment of funds.

Program Name:

Date:

For each finding note the referenced review instrument module and number.		Disallowed Costs		
		Federal	Match	Education Award
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Comments:

Disallowed Cost Recovery	
	Date
Notice of disallowed costs letter sent to program.	
Disallowed costs returned to Serve Illinois.	
Disallowed costs returned to CNCS/Trust.	

Program Officer: _____ **Date:** _____